Early Years Foundation Stage

Oxfordshire Guidance for Special Educational Needs (SEN) Support

All schools and settings should have a clear approach to early identification and response to children and young people's SEN as part of their universal offer. This guidance supports Oxfordshire schools and settings to implement the SEND Code of Practice but does not replace the statutory guidance.

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Introduction

This handbook is written for schools and settings and parents. The guidance is designed to help schools and settings to identify a child's special educational needs, the level of support they offer, and how to arrange and monitor the support given. It also sets out expectations of what they must offer for the funding they receive. These materials can be used to aid discussion between parents and teachers to ensure that children and young peoples' needs are accurately identified. This information is also designed to help parents / carers understand the support their child might receive.

Definition of Special Educational Needs and Disability

A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.

A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- has a significantly greater difficulty in learning than the majority of others of the same age, or
- has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

For children aged two or more, special educational provision is educational or training provision that is additional to or different from that made generally for other children or young people of the same age by mainstream schools, maintained nursery schools, mainstream post-16 institutions or by relevant early years providers. For a child under two years of age, special educational provision means educational provision of any kind.

A child under compulsory school age has special educational needs if he or she is likely to fall within the definition above when they reach compulsory school age or would do so if special educational provision was not made for them (Section 20 Children and Families Act 2014).

(SEND Code of Practice 2015 pp15-16)

The SEND Code of Practice (2015) introduced a single category of **SEN Support** which involves a four-part cycle of 'Assess, Plan, Do, Review' also known as <u>the graduated approach</u>.

This graduated approach should include consideration of whether a family might also need Early Help support in the form of a Strengths & Needs form. <u>Early Help Forms/Tools</u> - <u>Oxfordshire Safeguarding Children Board (oscb.org.uk)</u>

In the SEND Code of Practice, SEN difficulties are divided into four areas:

- Communication and interaction (C&I)
- Cognition and learning (C&L)
- Social, emotional and mental health difficulties (SEMH)
- Sensory and/or physical needs (S&P)

These areas give an overview of the range of needs that schools and settings should plan for, however individual children often have needs that cut across all these areas and their needs may change over time. For instance, speech, language and communication needs can also be a feature of a number of other areas of SEN, and children with Autism may have needs across all areas. The special educational provision made for a child should always be based on an understanding of their particular strengths and needs and should seek to address them all, using well-evidenced interventions targeted at areas of difficulty and, where necessary, specialist equipment or software. This will help to overcome barriers to learning and participation. Support should be family centred and should consider the individual family's needs and the best ways to support them. (SEND Code of Practice 2015 p.85 5.33)

This guidance provides practitioners with descriptors to help identify children and young people's barriers to learning. Other sections offer guidance on the assess-plan-do-review cycle and advice on supporting wider outcomes, staff training, and sign-posting parents to further support.

This guidance should be read alongside Oxfordshire's 'Ordinarily Available Toolkit' <u>SEND</u> <u>Ordinarily available toolkit (oxfordshire.gov.uk)</u> and Oxfordshire's School Readiness strategic plan <u>Oxfordshire School Readiness and Lifelong Learning Strategic Plan.pdf</u>

School Readiness: Oxfordshire has a number of resources to support school readiness. https://www.oxfordshire.gov.uk/residents/children-education-and-families/working-children-and-young-people/what-school-readiness

The Graduated Approach

Review

Discuss with child parents/carers, colleagues, and other professionals involved about how effective the additional support has been and the impact on the child

Review assessments before and after the additional support/intervention

Think collaboratively about next steps with the

Is additional support required such as additional funding or an EHCNA?

Assess

Carry out observations on child

Hold discussions with key staff, parents/carers to identify needs

Use relevant assessments/tools such as WellComm, the Oxfordshire Developmental Journal and O.C.C Early Years SEND descriptors

Gather the views of the child using the All About Me template

Check child's hearing and vision

Assess

Review



Do

Plan

Implement the plan as agreed. Clearly show who, what, when and how

Continue to observe and record evidence of support and steps of progress

Do link intervention/additional support into everyday learning

Do

Personalise the curriculum for the child Gain a greater understanding of how the child learns

Ensure that the 'plan' is outcome focussed e.g., improve, develop, and achieve.

Plan

Ensure the child and parents are at the centre of the planning

Outline support needed using a provision map or timetable of support

Create SMART outcomes and set a date for the review

Funding for Children with Special Educational Needs and/or Disabilities (SEND) in the Early Years

In Early Years it is recognised that a complete understanding of the child's needs may still be emerging as the child continues to develop. The benefits of early identification are widely recognised – identifying need at the earliest point, and then making effective provision, improves long-term outcomes for children. All settings should adopt a graduated cyclical approach to ensuring good provision for children with SEN. As with all children in the EYFS this should involve the four stages of action: assess, plan, do and review. Use of SEND funding should be seen as part of that graduated response to provide for the child's uniqueness in the EYFS.

Many children can be successfully provided for through SEN Support, using the setting/school's own resources and possibly some involvement of an external outreach service and/or Inclusion Funding.

SEN Inclusion funding

Funding for children with low level or emerging needs is paid at £38.50 per week during term time. The child must be aged 3 or 4 years and be in receipt of Early Education Funding. Free early education for 3 - 4 year olds | Oxfordshire County Council

SEN Inclusion Funding is available for children who:

- Meet descriptors in the Oxfordshire Guidance for Special Educational Needs (SEN) Support.
- Tracking of their developmental levels evidences a need to provide some additional provision/ planning/ targeted support for the child.
- Are considered by setting staff/class teacher, SENCo and parents to require this level of intervention and specific support.
 - Forms and guidance notes | Oxfordshire County Council

Additional Funding (sometimes known as RAF as a 'Request for Additional Funding' application has to be made)

In situations where a child with high level SEN needs or disability requires more than the school or setting can provide through their regular budget, with parental agreement, the LA may be asked to contribute funding through Additional Funding.

Which children are eligible to apply for Early Years Additional Funding?

- Two-year olds in receipt of free Two-Year-Old Entitlement Some 2 year olds are eligible for 15 hours funded early education
- Three- and Four-years olds who are in receipt of Universal Early Education Fund/ Working Families Childcare Entitlement (not in reception classes)

Applying for Additional Funding

Requests are made by completing the 'EY SEN Request for Additional Funding Application Form.' All paperwork is available electronically from the link below and should be submitted electronically and securely using the Egress system. Go to link and click on Accessing Additional Resources for further information.

https://www.oxfordshire.gov.uk/business/information-providers/childrens-services-providers/sen-support-providers/guidance-and-procedures

Send the application form and all supporting documents by secure email to EYSENFunding@oxfordshire.gov.uk

EY SEND Transition Funding

Available to children aged 3 or 4 years with a high level of learning need but who do not have Education and Health Care plan and are transitioning from an early years setting into a reception class. This SEND 'top up' transition funding must be applied for and if agreed is available for two terms, usually terms 1 and 2 for children starting school in September. Schools must provide the first 15 hours.

https://www.oxfordshire.gov.uk/sites/default/files/file/special-educational-needs/SENDTransitionFundingforSENChildrenstartingschoolinReceptionClasses.pdf

Additional Funding for Children in their Reception Year

If a child in their Reception year is not making progress at SEN support, despite the school's purposeful actions to meet their needs, schools can apply for additional funding. It may be helpful to discuss with the school's SEN casework officer before making an application.

Guidance on applying for additional funding can be found at:

http://schools.oxfordshire.gov.uk/cms/sites/schools/files/folders/folders/documents/SEN/guidance/GuidancesettingsSchoolsAdditionalFunding.pdf

Disability Access Funding (DAF)

DAF is available to children who are in receipt of Disability Living Allowance and receiving free early education for 3 and 4 yr olds.

DAF is paid to the early years provider to help them to meet the child's needs. To be eligible for DAF, the child must be named on the DLA award letter. The DAF funding is a non-transferable lump sum payment of £825 per financial year and the parent must nominate which provider will receive the funding.

Please note that four-year olds in primary school reception classes are not eligible for DAF funding. For more information go to:

https://www.oxfordshire.gov.uk/residents/children-education-and-families/information-parents/find-childcare/help-paying-childcare/funding-children-send

Early Years Inclusion Support Scheme

This funding will enable disabled children and young people to access play, childcare and leisure opportunities with other children and young people. The priority for this

scheme is to support the disabled children of families on benefits and/or a low-income access short break opportunities in out of school activities and/or holiday activities. It is available for children and young people under five years of age with impairments or emotional, behavioural or learning difficulties who would otherwise be prevented from taking part. The funding is for short-term support, e.g. for a term, or during a holiday playscheme and is usually capped at a maximum of £250 per year.

Further information on funding for short breaks for disabled children

For further information on Early Education funding for children with SEND go to: https://www.oxfordshire.gov.uk/residents/children-education-and-families/information-parents/find-childcare/help-paying-childcare/funding-children-send

How to use this guidance

For children who may need additional support, use <u>SEND Information Form</u> (page 10) - to bring together the discussion, evidence and observations from those involved with the child, including the family, to reflect on their needs and how these may be met. Use the <u>Initial Screening Tool</u> (page 11) to identify areas in which the child/young person may need additional support.

Additional support in understanding the child's needs may be explored (with parental consent) with:

- the child's Health Visitor
- therapy services via Single Point of Request for Involvement (SPORFI), if appropriate
- no name consultation via the SENDCO helpdesk

www.oxfordshire.gov.uk/sendcohelpdesk

- use of Strengths and Needs form if appropriate

Use the more detailed <u>SEN Descriptor</u> (page 13) indicated by the Initial Screening Sheet to clarify the areas in which the child/young person is having difficulty.

If you decide that the child's needs require SEN Support, implement the graduated response – assess, plan, do, review.

Use the <u>Assess</u> section (page 37) for advice on further assessments that might be helpful. Close observation of the child/young person during learning is often the best way to understand their difficulties.

Use the <u>Plan</u> (page 41) and <u>Do</u> (page 46) sections to inform your planning and provision for the child/young person. The <u>Early Years SEN Support and Outcomes</u> <u>Plan</u> or similar will support this.

Ensure that the child/young person's progress and support are reviewed with parents 3 times a year. This is a requirement in the *SEND Code of Practice (2015)*. For guidance see the **Review** section (page 55).

Sources of further support (page 56)

The <u>Further Information and Training for Practitioners</u> section (page 60) gives suggestions for online training materials that teachers and TAs may find helpful.

SEN Information Form to inform assessment

This form should be used when a practitioner or parent/carer has concerns that a child's educational needs are not being met. Gather and review the following information together:

- Practitioner's assessment, knowledge and observation of the child
- · Evidence from any tracking and assessments
- Information about the child at home gathered from parents/carers
- Observation of the child/young person in different activities
- Further assessment to explore gaps in learning or identify barriers to learning
- Information from any other agencies involved with the child or family, where appropriate, e.g. the child's health visitor, or Strength & Needs form.

Beginning the graduated response

Name	
D.O.B.	
Date	
Observations	
What have you observed that indicates that the child may need some additional support?	
What have you observed about the child's interests and experiences that motivate them?	
What information has been gathered about the child's responses to experiences outside of the setting?	
Child and parent views	
Have the parents/carers been asked to share their views? Date of meeting held:	
Have the child's views been gathered? Date:	
Additional Support	
What adjustments have been made for the child within the normal day to day organisation of the setting? How did the child respond?	
How have you responded to the child's strengths and interests in order to most effectively support their learning and development	

Screening Tool

This tool helps practitioners and parent/carers to **identify** the particular areas in which the child/young person has support needs, Detailed descriptors for those areas should then be used.

Additional support needs may be indicated if the child:	Tick/ date	Now look at the detailed descriptors for:
Is working at a Developmental Matters band below chronological age		C&L needs C&I needs S&P needs
Tracking shows progress not being made within development band		C&L needs C&I needs S&P needs SEMH needs
Has a known difficulty or impairment that may impact on his/her learning		As appropriate to the identified difficulty/impairment
Is showing withdrawn or anxious behaviour and/or a lack of self confidence		C&L needs SEMH needs C&I needs S&P needs
Is having difficulty in making relationships and interacting appropriately/meaningfully with others		C&L needs SEMH needs C&I needs S&P needs
Has difficulty in sequencing events and tasks		C&L needs C&I needs S&P needs
Appears not to listen/respond to questions or instructions		C&I needs S&P needs (HL: MSI) SEMH needs C&L needs
Has limited use of spoken language to communicate meaning		C&I needs S&P needs
Finds it difficult to learn within a group that is age/stage appropriate		C&I needs S&P needs SEMH needs C&L needs
Finds it challenging to learn when activities are unstructured		C&I needs SEMH needs C&L needs S&P needs
Has difficulty in following instructions or joining in activities that are dependent upon hearing		S&P needs (HL: MSI) C&I needs

Has difficulty in seeing fine work, eg picking out detail in pictures	S&P needs (VI; MSI)
Has difficulty in managing his/her body to move confidently	C&L needs S&P needs (PD; VI
Has difficulty in using hands for fine motor movements	S&P needs (PD; VI C&L needs
Has a need to seek or avoid sensory stimuli that impacts on his/her own or others' learning	C&I needs S&P needs (PD; VI SEMH needs

SEN Descriptors

Practitioners, working with parent/carers, can use these descriptors, as indicated by the Initial Screening Tool, to identify potential barriers to learning for a child/young person and possible additional support.

Communication and Interaction needs (C&I)

Children with communication and interaction needs, including autism, may have difficulty in:

- attention and listening,
- expressive language,
- understanding language,
- interacting with others and the world around them.

Some children with C&I differences will have had their needs identified at a very early age and may already be receiving support. For many children needs may not become apparent until they enter a group setting when their difficulties begin to impact on learning. Children need help to acquire language skills in order to develop their thinking as well as their ability to communicate.

Needs in other areas can lead to and compound communication and interaction needs, for example a hearing loss or difficulties with attachment can impact on the development of communication skills; difficulties in other areas for example learning needs, social and emotional needs can be the result of unmet C&I needs. Look across descriptors for all relevant areas of need to make sure that support is tailored appropriately.

Children and young people with speech, language and communication needs (SLCN) cover the whole ability range. They find it more difficult to communicate with others. They may have difficulties with:

- fluency,
- forming sounds, words or sentences (expressive language) that impacts upon their ability to produce spoken or written language,
- understanding spoken language that they hear or read (receptive language),
- understanding, using and/or remembering words that they want to use. It may be a combination of these needs.

Learners on the autism spectrum cover the whole ability range. It is called a spectrum difference as it affects everyone differently. Although no two children with autism are the same, individuals may have differences in the following key areas:

 Interacting - differences in understanding social behaviour and the thoughts and feelings of others, which impacts on the development of relationships and friendships.

- Communication differences in expressing, understanding and processing language. Good verbal language skills may mask a deeper level of misunderstanding.
- Processing Information Differences in planning, organisation, predicting, managing transitions and generalising skills.
- Emotional Regulation some children will need to be taught specific strategies to help them to manage strong feelings
- Some children may focus on familiar activities as a source of reassurance, rather than showing a wider range of interests.
- Sensory Processing differences in perceiving sensory information. Hypo (low sensitivity), hyper (high sensitivity), touch, sight, hearing, smell, taste, vestibular inner ear (balance) and proprioceptive (body awareness) can cause distress or discomfort.

English as an Additional Language (EAL) is not in itself a special educational need but it can be the case that a child who speaks English as an additional language may also have special educational needs. The approach to supporting all children with EAL is set out in <u>f</u>

Guidance for Early Years practitioners on supporting children learning English as an Additional Language (EAL). (oxfordshire.gov.uk)

Used alongside the descriptors on the next pages this will help you to decide whether a child's language competence should be giving rise for concern.

Foundation years Communication and Interaction
Name
D.O.B.
Date

By 1 year old the child needs support for at least one of the following:	Tick where support needed
Communication and Interaction	
smiling, looking and moving in response to your interaction	
vocalising back when talked to, making own sounds, especially to a familiar adult and when a smiling face is used	
showing a response at the sound of approaching voices, footsteps and other sounds	
sharing joint attention with a familiar person	
By 2 years the child needs support for at least one of the following:	
Listening and Attention	
listening to simple songs or rhymes, and trying to join in with actions or sounds by copying, e.g. for approx. 3 minutes	
following a simple picture book when shared with a familiar adult	
paying attention to a short children's programme	
Understanding	
understanding and following simple instructions in context, e.g. 'come for snack'	
pointing to simple body parts when asked	
Speaking	
spontaneously naming common objects which interest them, e.g. car, bird	
copying expressions they hear a lot, e.g. 'all gone!' 'oh dear!'	
Interaction	
being aware of other people's feelings – for example to look concerned if hears crying or to look excited if hears a familiar voice	
taking turns in a simple 'conversation' (not necessarily using understandable or clear words)	
pointing to draw attention to things of interest.	
By 3 years the child needs support for at least one of the following:	
Listening and Attention	
concentrating on an activity of their own choosing for a short period of time, e.g. approx. 4 minutes	
recognising and joining in with songs and actions, e.g. 'The wheels on the bus'	

Understanding
understanding 2 keyword simple instructions, e.g.
'Give the car to James'
'Give the ball to Annie' Speaking
joining 2/3 words together with meaning, e.g. 'Daddy car', 'Mummy gone
being understood by familiar adults
Interaction
playing ball co-operatively with an adult (e.g. kick or roll back and forth)
playing alongside other children
showing interest in other children
expressing emotions and displaying an appropriate reaction to an event, e.g. crying due to a minor injury and seeking help or comfort
By 4 years the child needs support for at least one of the following:
Listening and Attention
stopping and listening to an adult who has called their name and then refocus on their original activity
attending to an adult's choice of activity for a short period of time, e.g. approx. 5 minutes
Understanding
understanding position words, 'in' 'on' 'under' e.g. 'put Dolly under the chair'
answering 'who' 'what' 'where' questions about a story
responding to instructions e.g. "find the big car" from a choice of different sized vehicles (not all cars)
Speaking and Expressive Language
talking about ownership e.g. "my teddy", "Jack's car"
put words together to make simple sentences
being understood by unfamiliar adults when
talking about what s/he is doing Interaction
including another child in their play sequence and talking to them as they
do so, e.g. give a child a cup to drink from
seeking out others to share experiences e.g. by saying 'watch me'
By 5 years the child needs support for at least one of the following:
Listening and Attention
remaining focussed during a short story/singing session in a large group.
Understanding
identifying an object from a description, e.g. what do we use to cut things with.

Speaking and Expressive Language	
retelling a simple past event or familiar story in the correct order, e.g. Went down the slide and hurt finger	
Interaction	
participating in shared play.	
regularly using adults as sources of knowledge, comfort and shared activities	
expressing wishes and needs clearly and in an appropriate manner	

Cognition and Learning (C&L)

Support for learning difficulties may be required when children and young people learn at a slower pace than their peers, even with appropriate differentiation. Learning difficulties cover a wide range of needs, including moderate learning difficulties (MLD), severe learning difficulties (SLD), where children are likely to need support in all areas of the curriculum and associated difficulties with mobility and communication, through to profound and multiple learning difficulties (PMLD), where children are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment.

Learning Difficulties (LD)

Children and young people with learning difficulties will learn at a slower pace than their peers, even with appropriate differentiation. It is often associated with speech and language delay.

Some children with learning difficulties, particularly those with severe or profound and multiple difficulties, will have had their needs identified at an early age and may already have received support. For many children needs may not become apparent until the child enters a group setting for the first time.

Needs in other areas can lead to learning needs, for example an unmet hearing need may impact on the child/young person 's ability to learn at the same rate as his/her peers. Conversely unmet learning needs may impact on social development and emotional wellbeing. Look across descriptors for all relevant areas of need to make sure that support is tailored appropriately. It is helpful to consider the child's stage of learning rather than age.

Literacy and Maths

Separate descriptors are provided for literacy and maths. Some children will have general difficulties with cognition and learning, in which case all 3 checklists will need to be completed. Others may only have difficulties in specific areas, in which case only relevant lists need be used.

Difficulties with literacy are unlikely to be fully observable until a child begins to engage with print and starts to become a reader. However, skills around sequencing, working memory, auditory processing and visual discrimination are needed for literacy and if these are delayed for any reason, then learning to read and write may be more difficult. Similarly, there are early skills that children need to make good progress in maths. Poor language skills also impact on a child's ability to learn to read and comprehend or to acquire mathematical knowledge. Refer to the Communication and Interaction descriptors if a child's language appears delayed.

It's important to identify difficulties early, so that children can be supported in these key areas in order to ensure needs are addressed as soon as possible.

Foundation years - Cognition and Learning	
Name	
D.O.B.	
Date	

Speaking and listening	
If the child/young person needs support for speaking and listening, see C&I section descriptors in addition to these cognitions and learning descriptors.	
Literacy	
If the child/young person needs support for literacy see the Literacy section in addition to these cognitions and learning descriptors.	
Mathematics	
If the child/young person needs support for maths, see the Maths section in addition to these cognitions and learning descriptors	

	By 2 years the child needs support for at least one of the following:	Date observed
Copying / Pretend	imitating some everyday routines e.g. using a mobile phone, washing the car	
Problem solving	retrieving out of reach toys or other objects	
Memory	remembering where familiar things are kept and how to find them	
Concepts	building 3 blocks, scribbling on paper	
Social	bringing a book or toy to share with an adult	
Curiosity	filling and emptying containers.	
	By 3 years the child needs support for at least one of the following:	
Copying / Pretend	developing simple pretend play, e.g. putting doll in bed or driving a car	
Problem solving	operating a mechanical toy, for example turning the knob on a wind-up toy, pushing a button to open a flap	
Memory	spontaneously singing some of the words and actions of a familiar rhyme	
Concepts	matching pictures of familiar objects in play	
	painting or drawing horizontal lines and circles in imitation	
Social	watching others play and joining in briefly	
	following a familiar daily routine	
	recognises self in photograph, once shown	
Curiosity	participating in a range of creative activities e.g. exploring and experimenting with sensory materials, musical instruments, using paint etc.	
	By 4 years the child needs support for at least one of the following:	
Copying / pretend	joining in make-believe play with other children	
	extending a play sequence to include 3 or 4 actions	

Problem solving	choosing a suitable tool to achieve a desired outcome, e.g. using a broom to sweep up the sand or a cloth to mop up spilt drink	
Memory	recalling 2 pictures/objects hidden in a memory game	
	joining in with familiar rhymes and stories	
	joining in with familiar repeated phrases or refrains	
	recall of familiar words	
Concepts	understanding size difference, e.g. selecting the bigger or smaller object or picture when asked, putting features on a drawn face	
Social	demonstrating concern towards others who are upset, for example offering a favourite toy, patting arm or back	
	taking part in collaborative play with others	
Curiosity	showing a curiosity about how things work, how things feel, how things sound etc.	
	By 5 years the child needs support for at least one of the following:	
Copying / pretend	imitating adult roles, e.g. dressing up for dramatic play	
	extending a play sequence to include 3 or 4 actions	
Problem solving	choosing appropriate resources when making things	
Memory	retelling or demonstrating something that happened in a familiar story	
	learning the words for familiar songs and rhymes	
	remembering the repeated phrases in simple books	
	retelling simple stories	
	spotting deliberate mistakes in familiar rhymes	
	recalling familiar words	
	remembering letters representing the first set of sounds	
	taught, e.g. s a t p i n	
Concepts	sorting objects into categories e.g. all the animals, all the cars	
	drawing a simple human face (head and facial features)	
Social	taking turns with other children in a child-initiated activity	
	joining in with construction play	
Curiosity	wanting to know how things work e.g. taking things apart, collecting things, asking questions.	

Foundation years Cognition and Learning – Literacy:
Name
D.O.B.
Date

	By 4 years the child needs support for at least one of the following:	Date observed
Memory	joining in with familiar rhymes and stories, for instance joining in with repeated phrases and refrains	
	recall of familiar words from an often repeated/favourite song	
Visual memory and discrimination	completing a simple 4 piece inset puzzle	
Auditory processing/ Phonological skills	distinguishing different familiar sounds e.g. doorbell, mobile phone, taps running, squeaky toy	
	following a new, one-step instruction	
Reading	joining in with familiar stories, songs, poems or jingles.	
	repeating words or phrases from familiar stories	
	filling in the missing word or phrase in a known rhyme, story or game, e.g. 'Humpty Dumpty sat on a'.	
Writing	copying simple shapes e.g. circle, line, cross	
	By 5 years the child needs support for at least one of the following:	
Memory	retelling or demonstrating something that happened in a familiar story	
	learning the words for familiar songs and rhymes	
	remembering the repeated phrases in simple books	
	recalling familiar words	
Auditory processing/ Phonological skills	identifying the first sound of their name	
	completing a familiar rhyme	
	following a new 2-step instruction	
Visual memory and discrimination	continuing a simple 2-element sequencing pattern	
	matching activities and/or jigsaws	
Reading	taking part in rhyming and rhythmic activities	
	listening and attending to a short story read in a small group	
	showing interest in illustrations and print in books and in the	
	environment	
	looking at books independently	
	holding a book in the correct way and turning the pages one by one	
Writing	giving meaning to marks they draw and paint	
	ascribing meanings to marks that they see in different places.	
	Additional questions to consider:	

Does the child have a history of ear infections/glue ear/otitis medi	a?
Does the child have difficulties with vision?	
Does the child have a history of speech or language difficulties?	

Foundation years Cognition and Learning – Maths:
Name
D.O.B.
Date

	By 4 years the child needs support for at least one of the following:	Date observed
Number	joining in with counting activities, songs and games	
	beginning to organise and categorise objects e.g. putting all	
	the teddy bears together or teddies and cars in separate piles	
	reciting some number names in sequence	
Shape, space and measure	completing a simple 4 piece inset puzzle	
	beginning to categorise objects, e.g. by shape, size or colour	
	beginning to understand big/little, long/short	
	By 5 years the child needs support for at least one of the following:	
Number	counting orally up to 5 independently	
	using some language of quantities, such as 'more' and 'a lot'	
	beginning to represent numbers using fingers, marks on paper or pictures	
	knowing that a group of things changes in quantity when something is added or taken away	
	beginning to count objects with 1:1 correspondence	
	recognising significant numbers (age, house number etc)	
	understanding simple concepts of time, e.g. before, later, soon, dinner time	
Shape, space and measure	making arrangements and patterns with objects	
	continuing a simple 2-element sequencing pattern	
	showing awareness of similarities of shapes in the environment	
	using positional language	
	using shapes appropriately for tasks	
	using language to describe the shapes of everyday objects, e.g. 'round' and 'tall'	

Social, Emotional and Mental Health needs (SEMH)

All young children are learning how to make friends and interact with others and its expected children will develop these skills gradually through experience and with caring adult support. However, children who have emerging difficulties in this area may find it significantly harder to:

- make and maintain appropriate and healthy relationships
- regulate their emotions
- communicate their emotions
- manage transitions
- experience a positive sense of self

Children may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn, isolated, distressed, behaving in ways that could cause harm to themselves and others, difficulty with following routines and instructions.

These distressed behaviours may be persistent and may indicate social, emotional, mental health needs.

It must be recognised that behaviour is a way of communicating

Children can develop social, emotional needs or mental health difficulties for many reasons. Sometimes these are related to:

- Attachment disorder
- Adverse childhood experiences (ACES)
- Autism spectrum difference
- A medically unexplained condition.
- A response to an unmet need, for example, a child who has difficulty with communicating thoughts and ideas may find inappropriate ways to express him/herself.
- Other learning needs, either as part of a condition or disorder, such as: Attention deficit hyperactive disorder (ADHD) or attention deficit disorder (ADD) This is rarely able to be clearly identified in the early years although there may be indicators.
- Sensory processing difficulties

A small number of children will have social, emotional and mental health needs identified at a very young age. For many children needs may go unrecognised until they reach a group setting and are exposed to the multiple demands of a bigger peer group in a highly interactive environment. You may observe behaviours that communicate anxiety, fear, frustration, feeling out of control. Such feelings may manifest themselves in a range of ways e.g high levels of activity, lack of concentration, over reaction to events, withdrawn behaviour, self-harm or fight or flight. It is usual for children to display unsettled behaviour when starting in a new setting, so allow time for children to adjust to a new environment/being away from home.

For children with SEMH needs there are sometimes home circumstances that impact on behaviour and development and in these cases Early Help should be considered and the opportunity to complete a Strengths and Needs form should be offered to the family https://www.oscb.org.uk/early-help-forms-tools/

Risk factors are cumulative. Children exposed to multiple risks such as social disadvantage, family adversity and cognitive or attention problems are much more likely to develop relationship problems. DfE guidance in *Mental Health and Behaviour in Schools* outlines risk and protective factors (p. 13). (Updated 2018) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachmentotal/ data/file/508847/Mental Health and Behaviour - advice for Schools 160316.pdf

When children display distressed behaviour that are of continuing concern it is essential to try to address any underlying social, emotional or mental health needs, and not just the presenting behaviour. Close observation and discussion with parents will help to explore what the child may be communicating through the behaviour.

Strategies to support can be found on Early Years SEN Toolkit- Early Years toolkit - Promoting wellbeing | Oxfordshire County Council

Assessment, planning and provision for a child with social, emotional and mental health needs should be located within a nurturing approach and consistent use of positive strategies with training for all staff.

Foundations for an Emotionally Healthy Setting: Team Assessment Tool

A resource to support early years settings develop a whole-setting approach to emotional and physical wellbeing.

Early Years toolkit - Promoting wellbeing | Oxfordshire County Council

Wellbeing and Involvement

The Leuven Scale - Emotionally Healthy Schools

This tool has been developed by a team based at the Research Centre for Experiential Education (Leuven University – Belgium) under the supervision of Dr. Ferre Laevers. The tool focuses on two central indicators when planning any educational setting: 'Wellbeing' and 'Involvement'. Wellbeing refers to feeling at ease, being spontaneous and free of emotional tensions and is crucial to secure 'mental health'. Wellbeing is linked to self-confidence, a good degree of self-esteem and resilience. Involvement refers to being intensely engaged in activities and is considered to be a necessary condition for deep level learning and development.

Foundation years
Social Emotional and Mental Health Needs (linked to birth to five matters)
Name
D.O.B
Date

	The child needs support for some of the following:	Date observed
	By 2 years old the child needs support for at least one of the following:	
Making relationships	giving a positive response to a familiar adult, e.g. turning, looking and smiling when spoken to	
	engaging in social interaction, e.g. bringing toys to a familiar adult to show and share	
A Sense of Self	taking pleasure in exploring objects	
	making his/her own needs through vocalising, banging his/her plate to request more.	
Understandi ng Emotions	using their key person for 'emotional refuelling', e.g., in a familiar setting happy to explore activities but looks for key person for reassurance.	
	By 3 years old the child needs support for at least one of the following:	
Making relationships	sharing/turn taking with an adult in a simple activity that they enjoy, e.g. rolling or kicking a ball back and forth	
	giving a positive response to a familiar adult during shared attention e.g. A gesture, eye contact or verbal or non-verbal communication	
A Sense of Self	separating from main carer with support of their key person (or alternatively show no sense of care in separating from main carer)	
	showing interest in the play of other children alongside them whilst sustaining their own, e.g., watching with interest what other children are doing in the water play whilst continuing their own exploration	
Understandi ng emotions	cooperating with age-appropriate familiar expectations in relation to the routines of the setting, e.g. sitting for snack	
	sitting in a small group (3-4 children) with a familiar adult for more than 3 minutes doing an activity which interests and excites them, e.g. songs and rhymes.	

	By 4 years old the child needs support for at least one of the following:	
Making relation- ships	engaging in positive interactions with other children in a structured situation, e.g. talking to other children whilst playing and joining in a group activity	
A sense of self	Responding, to a variety of adults, e.g. feeling confident to approach any adult in the setting for help, taking something to show an adult, joining an adult initiated activity	
	spending time in groups with other children but engaged in own play, e.g. is able to complete their task, such as junk modelling whilst being alongside others	
Understandi ng Emotions	understanding that some things are theirs, some are shared and some belong to other people	
	making predictable responses in a range of situations, e.g. helping to put toys away and get ready for group time	
	consistently responding positively to and coping with different events, social situations and changes of routines in the setting	
	expressing their own feelings and doing so in an appropriate way.	
	By 5 years old the child needs support for at least one of the following:	
Making relationships	engaging in and sustaining positive interactions with other children	
	initiating and sustaining conversations with adults and children	
Sense of self	receiving praise and taking a pride in themselves	
Understandi ng Emotions	staying on task to complete an age appropriate adult-initiated activity	
	Able to regulate their emotions if their needs are not met quickly	
	demonstrating concern towards other children, e.g. to comfort a child in distress	
	understanding that his/her own actions affect others	
	responding appropriately to simple instructions	
	understanding the needs of others and usually being able to share and take turns without adult intervention	
	transitioning from one activity or space to another	

All behaviour is communication. The following may be useful in unpicking the underlying causes of some SEMH needs:	Date observed
Does the child have any delay or difficulty in their:	
understanding of language?	
expressive language?	

thinking skills and problem solving?	
thinking skins and problem solving:	
Have there been any significant changes at home, e.g. moving house, new baby?	
Does the child have any sensory processing difficulties that impact on their ability to engage in the learning opportunities?	
Does the child show a good level of involvement with most activities and learning opportunities?	
Does the child show a good level of emotional wellbeing in the setting?	
Are your expectations appropriate for the child's age and stage?	
Does the child have access to experiences / learning opportunities that are age and stage appropriate and stimulating for them?	
Does the child feel welcomed, listened to, valued, safe and secure in your setting?	
Are there complex circumstances such as parenting, housing, financial difficulties, which impact on the child's wellbeing?	

Early Years SEN toolkit - Social, emotional, and mental health needs

https://www.oxfordshire.gov.uk/business/information-providers/childrens-services-providers/sen-support-providers/early-years-sen-toolkit/social-and-emotional-needs

Sensory and Physical (S&P)

Some children and young people require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided. These difficulties can be age related and may fluctuate over time. Many children and young people with vision impairment (VI), hearing loss (HL) or a multisensory impairment (MSI) will require specialist support and/or equipment to access their learning, or habilitation support. Children and young people with an MSI have a combination of permanent vision impairment and hearing loss.

Some children and young people with a physical disability (PD) require additional ongoing support and equipment to access all the opportunities available to their peers. (6.35 SEND Code of Practice 2015 p98)

Physical Disability (PD)

This section describes children who have greater needs than most of their peers for support with their physical needs which can impact on their learning.

Some children with physical difficulties will have had their needs identified at an early age and may already have received support e.g. Cerebral Palsy, Hypermobility, will need ongoing support and interventions. For others, needs may not become apparent until the child is older, and they impact on his/her learning. Some children with physical difficulties may also have hidden learning difficulties such as planning and organisation that impacts their learning e.g. children with Developmental Coordination Disorder/Dyspraxia.

Many children with physical needs require on going minor adaptations to the learning environment and for the learning tasks including access to play that would be considered as reasonable adjustments under the Equality Act 2010. For some this is the only support that is needed, they do not need additional SEN support. With the right support and knowledge children with physical difficulty can achieve as much as other children (PDNet Standards 2018 http://pdnet.org.uk/resources/standards/)

Where some children have a diagnosed progressive physical condition, e.g. Duchenne muscular dystrophy, it is important to plan and prepare early for later needs.

Other children have a temporary condition such as injured limb or post-operative care and need appropriate support to access learning.

Unmet physical needs may impact on the child/ young person's ability to learn in the same way and at the same rate as their peers. The child/young person may also have linked social and emotional needs. Look across descriptors for all relevant areas of need to make sure that support is tailored appropriately.

oundation years Physical needs	
lame	
D.O.B.	
Date	

The child needs support for some of the following:	Date observed
By 2 years old the child needs support for at least one of the following:	
Gets into child's chair without assistance	
Squats to pick up a toy and rises to feet using hands as support	
Walks well holding a toy Shorter steps and narrower gait i.e. no longer needs to hold arms out for balance	
Trying to feed him/herself with a spoon	
Holding a lidded beaker in 2 hands and drinking	
Taking off easily removed clothes, e.g. socks or unzipped coat	
Scribbles with crayon – whole hand grip	
Building a tower of 2 blocks	
Using a finger thumb pincer grasp, e.g. picking up a raisin.	
By 3 years the child needs support for at least one of the following:	
Walking confidently and running	
Walking up and downstairs, holding on	
Throwing a ball	
Kicking a large ball	
Jumping from a low step	
Helping with dressing e.g. pulling down trousers	
Using spoon to eat	
Holding a pencil between thumb and two fingers and making a circular scribble or horizontal line	
Can turn a knob and unscrew lids	
By 4 years old the child needs support for at least one of the following:	
Riding a tricycle using pedals or balance bike and steering around wide corners	
Uses nursery play climbing equipment and can climb confidently.	
Running around obstacles and corners while pushing and pulling toys	
Walking upstairs alone using alternate feet	
Throwing and catching a large ball	
Eating with a fork and spoon	
Washing hands (help still to dry hands)	
Pulling pants down and up	
Can unzip a zip and undo Velcro fasteners.	

Holding pencil well and drawing/copying basic shapes e.g. circles, cross	
Trying to use scissors to make snips	
By 5 years old the child needs support for at least one of the following:	
Walking up and downstairs using alternate feet independently	
Travels around, under, over and through balancing and climbing equipment. Stops and turns with balance and coordination with confidence	
Hopping on one foot	
Using bat in a bat and ball game	
Eating skilfully with spoon and fork	
Putting on or taking off items of clothing that fit snugly e.g. tee shirt, socks, shoes (not laces)	
Washing and drying hands independently	
Building tower of 10 or more bricks and copying building bridges	
Drawing person with head legs and body and usually arms and fingers	

Hearing Loss/Deafness (HL)

Many children with hearing loss will have their needs identified early and will be supported by the SENSS Deaf and Hearing Support (DHS) team. Children may have a temporary hearing loss that fluctuates or a hearing loss that is permanent. Some children benefit from a hearing aid(s) or other amplification devices.

Some younger children may have needs that go unrecognised until they reach a group setting or are expected to undertake tasks that require them to use hearing skills in a different context. It is also possible for some children to acquire a hearing loss. This could be caused through illness or accident or might be because they have a progressive condition or a condition that has a late onset. The most common cause of temporary and fluctuating hearing loss in childhood is commonly known as 'Glue Ear'. Information about 'Glue Ear' is available on the Oxfordshire Local Offer.

https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/service.page?id=coim31m0P8k

Some children with a hearing loss will require on-going specialist teaching support from teacher of deaf children and young people to access the curriculum alongside their peers. Others may require a routine advisory visit to check the function and management of any equipment, to observe the child and feedback on their learning and to ensure that the setting is empowered to take responsibility for all aspects of the child's inclusion.

Sometimes a child can meet many of the descriptors for a hearing need but when clinically assessed their hearing is within normal limits. It could be that they have a fluctuating hearing loss. If this is the case repeated assessment will usually determine the type and level of hearing loss.

If there is no underlying physical hearing loss it may be that the child/young person has auditory processing difficulties. In this case, the descriptors and guidance for supporting children with communication and interaction (C&I) needs should be used. A medical confirmation of a hearing loss does not necessarily mean a child has Special Educational Needs. However early intervention with specialist advice from the SENSS (DHS) Team ensures that the impact of the hearing loss on the child/young person's progress is minimised.

The SENSS (DHS) Team will not usually become involved with a child unless a paediatric audiologist has first made an assessment. This is because there can be many reasons why a child may not appear to hear well, and a formal hearing assessment is needed to ensure that the guidance offered to a setting is appropriate.

If a child has not been seen by the community paediatric audiology team or a hospital audiology department, the first step is a GP referral to community paediatric audiology for further assessment. Parents should be asked to discuss this with their child's GP.

Foundation years Hearing Loss/Deafness
Name
D.O.B.
Date

A child with a hearing loss may:	Date observed
find difficulty in expressing him/herself clearly	
appear dreamy and distracted	
appear loud, raising his/her voice in conversation	
startle easily	
use gesture more than his/her peers	
not appear to understand common phrases and may have a limited vocabulary use	
,	
be more physical when expressing their needs and wants	
find it difficult to sustain concentration especially when there is background noise	
engage in more solitary play	
lack theory of mind	
appear to hear better at sometimes than others due to a fluctuating hearing loss	
The child needs support for some of the following:	
listening in a range of situations	
following instructions; the child may be noticeably more able to do this in a quiet area	
joining in activities in a small group	
following and responding in an age appropriate conversation, especially where visual clues are not available	
making him/herself understood by others; his/her expressive language may be unclear	
sustaining attention during whole group activities, e.g. listening to a story; the child may be noticeably more attentive and able to maintain concentration in a quiet area	
developing and using age appropriate language; the child may use gesture to compensate	
accessing TV/DVD/music at normal sound levels	
enjoying songs and rhymes and join in by copying	
to start interaction with and play alongside other children of a similar age	
sustaining age appropriate positive interactions with other children	
developing pretend play activities	
managing anxiety and/or frustration.	

Vision Impairment (VI)

Visual difficulties range from mild through to profound. Many children have their vision fully corrected by spectacles. A child should be considered to have a vision impairment if the visual difficulties are not due to basic refractive errors and cannot be fully corrected by glasses.

Many children with vision impairment will have their needs identified early and will be supported by the SENSS Vision Impairment (VI) team. Some children may have needs that go unrecognised until they are expected to undertake tasks that require them to use visual skills in a different context. Some acquire a visual loss through illness or accident.

A vision impairment can impact on many areas of child development, for example a child's social and emotional development. Check across descriptors for all relevant areas of need to make sure that support is tailored appropriately.

Foundation years Vision Impairment		•	
Name			
D.O.B.			
Date			

A child with a vision impairment may:	Date observed
tilt his or her head to maximise vision	
move his or head repeatedly (a head 'wobble')	
bring eyes close to a toy, or a toy close to eyes	
blink frequently	
appear sensitive to light or glare	
have eye pain, neck pain headache, dizziness or nausea, especially after periods of looking closely at something	
find it difficult to track the movement of something across the field of vision, eg a ball rolling from left to right	
find scanning difficult, eg searching for a toy in a room or details in a picture	
bump into things as they move around	
show minimal movement or exploration	
struggle with recognition of people which may present as not being able to find specific peers in a crowded or large environment	
miss non-verbal gestures.	
By 2 years the child needs support for at least one of the following:	
to spoon food or pick up a cup	
playing with a ball	
pointing to pictures.	
By 3 years the child needs support for at least one of the following:	
drawing features on a pre-drawn face	
catching a ball with both hands	
kicking a moving ball	

recognising detail in a picture.	
By 4 years the child needs support for at least one of the following:	
age appropriate activities that involve hand-eye co-ordination, e.g. placing small pegs in a board, threading beads	
cutting with scissors	
completing inset puzzles	
copying simple shapes, e.g. a cross	
finding small details in pictures, e.g. Where's Wally?	
joining in with outdoor play and physical activities.	
By 5 years the child needs support for at least one of the following:	
age appropriate activities that involve hand-eye co-ordination, e.g. threading a large needle	
copying a pattern, e.g. a sequence of bricks	
copying his/her own name	
recognising letters and numbers even when printed boldly	
drawing a recognisable human figure with details like hair/buttons	
using outdoor equipment, e.g. playing games with balls, hoops.	

Multi-Sensory needs (MSI or Dual Sensory Loss)

This section describes children who have multi-sensory impairment. The term 'multi-sensory impairment' usually refers to children who have a combination of hearing loss and vision impairment (i.e. dual-sensory loss) which used to be known as deaf blindness.

Other children with multi-sensory impairment may not have a combined clinical diagnosis of hearing loss and vision impairment but present as having substantial developmental delay in responding to sensory stimuli.

This section contains guidance on what you may observe if a child has both hearing loss and vision impairment.

This section contains guidance on what you may observe if a child has both hearing loss and vision impairment.

Children with multi-sensory impairment usually have their needs identified at a very early stage. Occasionally multi-sensory impairment may occur as a result of an accident, trauma or a progressive syndrome in an older child, for example Usher syndrome, Alstrom syndrome. Some children also have additional difficulties.

Support and advice from a range of professionals is essential to meet the complex nature and pattern of needs displayed by these children.

Foundation years Multi-Sensory Impairment	
Name	
D.O.B.	
Date	

A child with multi-sensory impairment or dual-sensory loss may:	Date observed
make idiogyneratic responses to auditory and/or vigual stimuli	
make idiosyncratic responses to auditory and/or visual stimuli avoid touch or make a startled response to touch (tactile or selectiveness reluctance)	
have problems with eye contact and interaction	
find it difficult to fix and track an object, e.g. a ball rolling across the floor	
be delayed in developing skills and in achieving developmental milestones, e.g. walking	
tilt his or her head and/or use his/her body in a different way to other children to maximise vision and hearing	
have difficulty in making sense of the world because of fragmentary information received through the senses	
appear withdrawn or isolated, eg may spend and unusual amount of time asleep	
display unusually passive behaviour	
display repetitive or challenging behaviour; this is likely to be a result of sensory overload	
use smell, taste, movement and touch to gain information or to support mobility	
be unable to find things or people when they have moved	
have difficulty caused by changes in light levels, glare and reflection	
have difficulty when attending unfamiliar places	
appear clumsy – bumping into doorways, tripping over objects on the floor.	

Assess

In identifying a child as needing SEN support, the early years practitioner, working with the setting SENCO and the child's parents/carers, will have carried out an analysis of the child's needs. This initial assessment should be reviewed regularly to ensure that support is matched to need. Where there is little or no improvement in the child's progress, more specialist assessment may be called for from specialist teachers or from health, social services or other agencies beyond the setting. Where professionals are not already working with the setting, the SENCO should contact them, with the parents' agreement.

Additional assessments for children with Cognition and Learning difficulties Careful observation is the best way of unpicking difficulties.

Use progress against 'Development Matters' and/or 'Birth to 5 Matters' to evaluate progress.

For more detailed information about the child's strengths and needs, use the Oxfordshire Developmental Journal

-Early Years SEN toolkit - For all children with SEN | Oxfordshire County Council

Use progress against small targeted learning goals to evaluate progress.

Additional assessments for children with Communication and Interaction difficulties

Use WellComm assessment tool to assess the child's strengths, needs and progress. WellComm - GL Assessment (gl-assessment.co.uk)

Speech and Language UK's *Universally Speaking* booklets show where children should be with their communication skills at any given age.

https://speechandlanguage.org.uk/talking-point/for-professionals/the-communication-trust/universally-speaking/

The 'BRISC Checklist' and 'Speech Sounds Checklist' are useful documents used by Oxfordshire Speech and Language Therapists to identify children needing support.

Speech Sounds development chart:

https://www.oxfordhealth.nhs.uk/wp-content/uploads/docs/speech-sound-development-chart.pdf

For children with marked differences in social communication, flexible thinking and/or sensory processing, build on the initial evidence gathered to assemble a detailed profile of the child's strengths, interests, challenges and sources of stress. Include parents and the child in this process. This profile will help to ensure that the optimum learning environment is achieved.

The Autism Education Trust Sensory Assessment Checklist looks at how children respond to sensory experiences.

https://www.locala.org.uk/fileadmin/Services/Sensory OT/AET Individual Sensory Checklist.pdf

Additional assessments for children with Social, Emotional and Mental Health difficulties

Completion of a Strengths & Needs form should be considered with the family as part of the assessment process for children with SEMH difficulties.

https://www2.oxfordshire.gov.uk/cms/content/early-help-assessment-and-team-around-family

The Leuven Scale of Active Engagement in Learning is a helpful measure of wellbeing and engagement. It is contained within the Oxfordshire Developmental Journal to support assessment.

https://www.scilt.org.uk/Portals/24/Library/resources/hmi/Leuven_Scale.pdf Early Years SEN toolkit - For all children with SEN | Oxfordshire County Council

Antecedent Behaviour Consequences (ABC) or Iceberg tools on the Oxfordshire Early Years SEN Toolkit.

https://www2.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/childreneducationandfamilies/informationforchildcareproviders/goodpractice/sentoolkit/ABCchart.pdf

For children with autism use the Oxfordshire's SCERTs in Action - a framework that supports assessment and planning for children with autism. SCERTS = Social Communication Emotional Regulation Transactional Support

Autism Education Trust (AET) Progression Framework https://www.autismeducationtrust.org.uk/shop/pf-shop//

Additional assessments for children with Hearing Loss

If a child/ young person appears to have a hearing difficulty that has not been previously identified, the first step is a GP referral to community paediatric audiology for further assessment. Parents should be asked to discuss this with their child's GP. Diagnosis of a difficulty by the community paediatric audiology team will trigger the involvement of the SENSS Hearing Impairment team who will work alongside the school to support the child's access to learning.

Additional assessments for children with Vision Impairment

If a child appears to have a visual difficulty that has not been previously identified parents should be referred to an optician or the child's GP.

The optician or GP will be able to make a referral to an eye hospital if necessary. Diagnosis of a difficulty by the eye hospital will trigger the involvement of the SENSS Visual Impairment team who will work alongside the school to support the child's access to learning.

Additional assessments for children with Multi-Sensory Impairment

If a child appears to have a multi-sensory difficulty that has not been previously identified contact the Advisory teacher for multi-sensory impairment (MSI) from SENSS. An advisory teacher from the SENSS Multi-Sensory Impairment Team will undertake specialist assessment and provide specialist advice. S/he will also advise about involving any other professionals.

For further advice with assessment and planning for young children with SEND:

Settings and schools can contact the child's **Health Visitor** (with parental consent) or their link health visiting team for an anonymous discussion: https://www.oxfordhealth.nhs.uk/0-5-years-public-health-service/

Linking with your health visiting team and the health and development review | Oxfordshire County Council

Settings can contact the **Early Years SEN Team** (EY SEN) for anonymous advice about how to meet the needs of children identified as having SEND in the early years via the SENDCO helpdesk - <u>Request support from the SENDCO helpdesk - Oxfordshire County Council</u>

For children where there may be underlying medical needs contributing to their Special Educational Needs it may be appropriate to consider referral to the **Community**Paediatrician for assessment. These referrals must be made via the GP Community

Paediatrics referrals - Oxford University Hospitals (ouh.nhs.uk)

Referrals to the **Speech and Language Therapy service** can be made via the Single Point of Request for Involvement (SPORFI) with parental consent. https://www.oxfordshire.gov.uk/residents/children-education-and-families/early-years-education/early-support

For children with social communication needs in reception classes (and above; schools and settings can contact the **Communication and Interaction team** for advice: https://www.oxfordshire.gov.uk/residents/children-education-and-families/education-and-learning/special-educational-needs-and-disability-local-offer/communication-and-interaction

Information about referrals can be found on the local offer at:

https://www.oxfordshire.gov.uk/business/information-providers/childrens-services-providers/sen-support-providers/communication-and-interaction#paragraph-3258

No referrals are needed for Universal support, but for Targeted and Specialist support referrals are accepted from schools after a pre-referral conversation with their Advisory Teachers. C&I staff work closely with the Speech and Language Therapy Service to ensure that children receive appropriate support.

Information for schools:

http://www.oxfordshire.gov.uk/sites/default/files/file/special-educational-needs/schoolsleaflet.pdf

Information for parents:

https://www.oxfordshire.gov.uk/sites/default/files/file/special-educational-needs/parentleaflet.pdf

For children with complex needs in Reception classes (and above) schools can make referrals to the **SENSS Down Syndrome and Complex Needs Team**: https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/service.page?id=sByfuZlyl3Q

Plan

Where it is decided to provide SEN support, and having formally notified the parents, the practitioner and the SENCO should agree, in consultation with the parent, the outcomes they are seeking, the interventions and support to be put in place, the expected impact on progress, development or behaviour, and a clear date for review. Plans should take into account the views of the child. The support and intervention provided should be selected to meet the outcomes identified for the child, based on reliable evidence of effectiveness, and provided by practitioners with relevant skills and knowledge. Any related staff development needs should be identified and addressed. (SEND Code of Practice 2015)

Transition

SEN support should include planning and preparing for transition, before a child moves into another phase/class, setting or school. This can also include a review of the SEN support being provided or the EHC plan. To support the transition, information should be shared by the current setting with the receiving setting or school. The current setting should agree with parents the information to be shared as part of this planning process. (SEND Code of Practice 2015)

Oxfordshire has a comprehensive EY Transition pack for practitioners 'Smooth Transitions in the Early Years: A Good Practice Guide' which provides lots of helpful information and templates.

https://www.oxfordshire.gov.uk/business/information-providers/childrens-services-providers/support-early-years-providers/transition-pack

Planning for all children with SEND Additional planning considerations for children with <u>Cognition and Learning</u> needs

- 'Thinking ahead' about the planned learning each week to ensure it will support all children's learning including those with SEND.
- Any adaptations needed to the physical environment to help with access to learning, e.g. labelling of resources.
- Any specialist equipment or resources, including ICT that may be helpful.
- How the child's key person will help him/her to access learning opportunities.
- Individual or small group work to focus on specific skills.
- Where the child will sit for particular activities.
- Considering reasonable expectations in relation to the specific needs of the child,
 e.g. the time that may be taken to complete a task.
- Risk assessments relating to any health and safety issues.
- How all staff will support the child to have positive experiences, interactions and relationships with and alongside peers through the day.

Additional planning considerations for children with <u>Communication and</u> Interaction needs:

- Use WellComm to assess the child's strengths, needs and progress within the area of C&I, to help plan next steps and support required.
- Work closely with your school or setting's language lead to plan next steps and interventions
- Use the Well Comm big book of ideas
- Help to make the day as predictable as possible by using consistent routines, language and expectations supported by visual images/symbols, e.g. visual timetable, now and next board or gestures. Consistent use across the whole setting will help a child with prediction, anticipation and understanding.
- Any adaptations needed to the physical environment to help with access to learning, e.g. picture labelling of resources.
- Any specialist equipment or resources, including ICT that may be helpful.
- How the child's key person will help him/her to access learning opportunities.
- Individual or small group work to focus on specific communication and interaction skills.
- Where the child will sit for particular activities.
- Any support that is needed during outdoor play to help the child to be part of a small group and/or to follow his/her own interests.
- Enhanced transition planning into school or the next setting.
- Careful planning for moving from the FS curriculum to KS1.
- Ensure staff are skilled in strategies to support the child's communication development e.g., that they:
 - Allow plenty of time for a child to express themselves.
 - Take time to explain changes to events or routines. This will support understanding, reduce anxiety and increase attention skills.
 - Prioritise responsive interactions by following the child's lead. Adults act as
 positive communication partners demonstrating listening, reflecting, joint play
 and co-operation.
 - Support a child to find other ways to share their message.
 - Provide instructions one step at a time and check or observe that the child has understood.

Additional planning considerations for children with <u>Social Emotional and Mental</u> <u>Health needs</u>

- Help to make the day as nurturing and predictable as possible by using visual timetables, now and next boards.
- Make sure the key person is available as the child arrives to welcome them and help them to settle in and say goodbye to parent/carer

- Keeping a close working relationship with parents/carers so that everyone in the child's life understands, listens to their voice- and is supportive of the child.
- Observe, notice and respond to a child's level of well being using the Leuven Scales of Well Being and Involvement. See 'Oxfordshire Developmental Journal
- Reflecting and 'Thinking ahead' about the planned learning each week and how the child with a SEMH need will be supported to access it.
- Responding to the individual needs of the child.
- Acknowledge the child's emotions in non verbal and verbal ways to support their developing understanding of feelings.
- How the child's key person will help him/her to access learning opportunities.
- Individual or small group work to support personal learning outcomes and build self-confidence.
- Where does the child feel calm, safe and comfortable for particular activities?
- Closely observe triggers that may help in understanding a child's distress or behaviour.
- Risk assessments relating to any health and safety issues.
- Enhanced transition planning into school or the next setting.

Additional planning considerations for children with **Physical needs**

- Contact the SENSS Physical Disability Advisory team for more advice
- 'Thinking ahead' about the planned learning each week and how the child with the physical need will be supported to access it.
- Where and how the child will sit for particular activities.
- How a child will transfer between activities and move around the setting
- Plan for rest breaks during the session
- Any adaptations needed to the physical environment to allow the child safe passage and support access to all areas for learning.
- The support needed for personal care; eating and drinking, dressing, going to the toilet.
- Any specialist equipment or resources, e.g. supportive seating, easier to handle toys e.g. sponge balls, larger mark making tools, that may be helpful.
- Risk assessments relating to health and safety issues.
- Individual or small group work to focus on specific skills.
- How the child's key person will help him/her to access learning, which may
 involve managing a child's choices i.e. to support involvement in a fine motor
 activity if they are not naturally seeking this out
- The training required for staff to deliver specific programmes and/or use specific equipment and for manual handling if needed.
- Considering reasonable expectations in relation to the specific needs of the child, e.g. the time that may be taken to complete a task, tiredness due to the discomfort of using a wheelchair.

Additional planning considerations for children with **Hearing Loss**

- Joint planning with a teacher of deaf children and young people deaf from SENSS.
- Planning for learning opportunities throughout the child's day.
- How background noise will be managed.
- Any adaptations to the learning environment that may be needed.
- Any specialist equipment or resources, including Radio Aid Systems,
 Sound Field Systems, ICT, that may be needed for the foundation stage curriculum.
- The training and support needed for use and maintenance of equipment.
- Access to individual sessions or small groups to support personal learning targets.
- The adult support that may be required for accessing learning opportunities.
- The implementation of strategies to ensure access to the language of the peer group and supporting adults.
- Where the child will sit for particular activities.
- Ensuring there is a family focused multi-agency working.

Additional planning considerations for children with Visual Impairment

- How the child will be supported to move around the learning spaces.
- Any adaptations needed to the physical environment.
- Risk assessments relating to any health and safety issues.
- Any support needed for personal care; eating and drinking, dressing.
- Any specialist equipment or resources, including ICT, that may be needed to support learning.
- Adult support for accessing learning opportunities.
- Seating position for particular activities.
- Planning ahead to differentiate the activities to include the child with a vision impairment
- Allowing additional time to complete tasks.
- Making use of real objects rather than pictures wherever possible.
- Providing a wide range of multi-sensory learning experiences.
- Always introduce yourself when working with a child with vision impairment.
- Always name other children working in a group with a child with vision impairment.
- Use curtains/blinds to control the amount of light entering a room.
- Liaise closely with the relevant Advisory Teacher from SENSS VI.

Additional planning considerations for children with <u>Multi-Sensory Impairment</u>

- Joint planning with the SENSS Multi-Sensory Impairment Team.
- Joint planning with the Advisory teacher for MSI from SENSS.
- Responding to the individual needs of the child.
- Planning for learning opportunities throughout the child's day.
- 'Thinking ahead' about the planned learning each week and how the child with multi-sensory need will be supported to access it.
- Any specialist adaptations to the learning environment that may be needed.
- How background noise will be managed.
- Any specialist equipment or resources, including ICT that may be needed.
- The training and support needed for use and maintenance of equipment.
- Risk assessments relating to any health and safety issues.
- Trained adult support to help the child to access learning.
- Access to individual sessions or small groups to support personal learning targets.
- Where and how the child will sit for particular activities.
- Any support needed for personal care; eating and drinking, dressing.

Do

The early years practitioner, often the child's key person, remains responsible for working with the child on a daily basis. With support from the SENCO, they should oversee the implementation of the interventions or programmes agreed as part of SEN support. The SENCO should support the practitioner in assessing the child's response to the action taken, in problem solving and advising on the effective implementation of support.

(SEND Code of Practice 2015)

The following suggestions are prompts to help settings support individual children. It is by no means exhaustive.

Additional provision to consider for children with Cognition and Learning difficulties

The physical environment

Sit the child where they can best see and hear the adult in whole and small group activities.

Boxes of toys and equipment should be labelled with words and pictures depicting the content.

Teaching and learning

- Provide developmentally appropriate toys, experiences and activities.
- Use a visual timetable to help the child to understand the structure of the session and for transitions.
- Use descriptive commentary to give language to the child's play
- Use visual prompts to engage the child in making choices, e.g. photos, symbols.
- Use props and visual aids when giving information, telling stories etc.
- Keep expectations clear and consistent.
- Break down skills and activities into smaller achievable steps.
- Avoid overloading the child with too many tasks and instructions at once.
- Provide support to manage time limited tasks, e.g. sand timer, egg timer.
- Modify the language that adults use; reduce, slow down, give take up time.
- Use photos to help the child link past and present useful for predicting, making choices, sequencing.
- Provide opportunities to develop memory skill such as playing memory games
- Provide opportunities to develop listening and attention skills e.g. Listening to sounds in the environment, discriminating between sounds play sound games.
- There are strong links between physical development and cognitive development. Young children need to be able to engage in lots of physical activity e.g. balancing, throwing, catching, climbing. Learning opportunities should be planned to take place outside as well as inside.

- Make sure learning opportunities and expectations are challenging enough to be interesting but not so far out of the child's reach that they may become frustrated/or experience failure.
- Follow young children's interests, e.g. go to activities that are already engaging
 the child and look for ways of extending learning there rather than taking the child
 away.
- Allow time for children to process language and to consider their responses.
- Repeat learning opportunities.
- Play alongside and model new ways of playing and learning.
- Help the child to feel secure and happy through positive messages and praise.
- Use the child's areas of special interest to provide motivational learning opportunities.
- The EY SEND toolkit contains ideas for activities, strategies and resources: https://www.oxfordshire.gov.uk/cms/public-site/early-years-sen-toolkit
- Q&As to help with supporting children with Special Educational needs and Disabilities from the National Children's Bureau (NCB) https://www.ncb.org.uk/resources/all-resources/filter/early-years/supporting-children-sen-and-disabilities
- There are a range of Developmental Journals designed to support children with specific learning needs <u>merged-developmental-journal-for-babies-and-children-</u> with-down-syndrome.pdf (councilfordisabledchildren.org.uk)

Additional provision to consider for children with Communication and Interaction difficulties

- Modify the environment to help with any sensory issues; e.g. acoustic boards and ear defenders, avoid glare and harsh lighting, provide a quiet area for the child to withdraw to such as a soft corner or play tent.
- Consider the best seating for the child, e.g. sit the child where they can best see and hear the adult in whole class and group activities or where the sensory demands are lowest.
- Use visual cues (such as a cushion) to remind them where they should sit and encourage independence with this.
- Boxes of toys and equipment should be labelled with words and pictures depicting the content.
- Use a visual timetable to help the child to understand the structure of the session. Photos and symbols can be used to support understanding.
- Use 'now next' boards and visual prompts when there's going to be a change of activity to help lower anxiety levels around change.
- Keep expectations clear and consistent.
- Give clear visual prompts when there is to be a change of activity supported by a verbal countdown such as a 'two minute/one minute warning'.

- Provide support to manage time limited tasks, e.g. visual timer.
- Teach children to recognise and use visual prompts to engage them in making choices, e.g. photos, symbols.
- Use the child's name to focus attention individually before giving whole or small group instructions.
- Model ways to signal a choice e.g. pointing, reaching out
- Offer activities that encourage learning how to play, e.g. imitating/mirroring activities, 'join in' songs like Wheels on the Bus, descriptive commentary and taught structured activities outside.
- Use individual, pair and small group activities to teach specific skills, e.g.
 - Treasure Trove (OCC/NHS)
 <u>https://www.oxfordshire.gov.uk/sites/default/files/file/information-childcare-providers/TreasureTrove.pdf</u>
 - o Spirals http://www.spiralstraining.co.uk/
 - o Speech and Language UK https://speechandlanguage.org.uk/about-us/
 - WellComm Big Book of Ideas
- Use photographs for a variety of activities e.g. learning the names of children in the class, sequencing, making choices.
- Modify the language that adults use; reduce, slow down, give take up time, use non-literal language with care.
- Involve good peer role models and buddies, e.g. for language modelling and to help the child use learned skills in the everyday environment.
- Create structured opportunities to engage in communication skills, such as asking another child for some fruit at snack time.
- Help the child to recognise his/her own needs and those of others.
- Only make social demands that the child has the ability to cope with work towards involvement with a bigger group over time.
- Use the child's areas of special interest to provide motivational learning opportunities.
- Where appropriate use technology that enhances communication (link with speech and language therapy service for advice on this)
- The Early Years SEND toolkit contains ideas for activities, strategies and resources: https://www.oxfordshire.gov.uk/business/information-providers/childrens-services-providers/sen-support-providers/early-years-sen-toolkit
- Use signing to support children's language development. There are two training videos to support this available from Oxford Health:

Signing training - video 1 - YouTube Signing training - video 2 - YouTube For children with social communication difficulties who are at a very early stage of development, this 'May I Join You' clip explains the essential support needed to facilitate joint attention <u>May I Join You? English Language -</u> <u>YouTube</u>

Additional provision to consider for children with Social, Emotional and Mental Health difficulties

- Use quiet areas to give the child calm down time.
- Set up regular active outdoor time for children who benefit from greater space for exuberant and noisy play.
- Make it easy for a child to use resources without fuss or frustration;
- accessible storage, pictorial labels, things in the same place.
- Ensure a consistent key person offering a strong relationship sensitive to the child's needs.
- Ensure the environment offers support with transition and other key triggers times for the child.
- Arrange for activities to be available and planned into the child's day to deescalate heightened levels of arousal, anxiety.
- Use visual timetables and resources such as sand timers and lead in time to prepare the child for changes of routine.
- Keep expectations and boundaries clear and consistent.
- Use small group activities to develop self-esteem and confidence.
- Give clear visual and verbal prompts when there is to be a change of activity (e.g. 2 minute/1 minute warning).
- Use specific strategies consistently, for example praise for being ('what a lovely smile') and praise for doing ('thank you for tidying up the puzzles; that was really helpful').
- Build in opportunities for the child to develop emotional literacy so that he/she can verbally communicate and understand the feelings that they and others have.
- Give open access to specific activities that help to calm the child, eg pulley work, digging.
- Ensure all adults use positive, enabling language. Use a fresh start principle to encourage a warm welcome to each new session every day.
- Use the child's areas of special interest to engage him/her in motivational learning.
- Helpful resources include:
- The Parenting Puzzle by Candida Hunt, The Family Links Nurturing Programme.
- The Incredible Years, Caroline Webster Stratton, Incredible Years 2006.
- Supporting Children with Behavioural, Emotional and Social difficulties: Inclusion Development Programme <u>Inclusion Development Programme - Supporting</u> <u>children with Behavioural, Emotional and Social Difficulties: (ioe.ac.uk)</u>

- Why Love Matters, Sue Gerhart, Brunner-Routledge, 2004.
- Good Grief, Barbara Ward and Associates, Jessica Kingsley
- Behavioural and Emotional difficulties, Hannah Mortimer, Scholastic, 2002.
- Box of Feelings, distributed by Speechmark Publishing Ltd, ISBN 978-1-901487-03-9.
- The EY SEND toolkit contains ideas for activities, strategies and resources: https://www.oxfordshire.gov.uk/business/information-providers/childrens-services-providers/sen-support-providers/early-years-sen-toolkit
- Continued use of observations/records of behaviours observed in order to better understand and implement appropriate targeted support for the childs unmet needs e.g., through use of Antecedent, Behaviour, Consequence (ABC) charts.
- Assess and continue to support identified sensory processing needs.
- Ongoing work with the whole family to better understand the child's background including past or current trauma.
- Consistent implementation of a co-written and agreed positive behaviour support plan that is regularly reviewed.

Additional provision to consider for children with Physical Difficulties

The physical environment

- Make adaptations to make movement easy and safe, e.g. decluttering, using different textures and colours to aid navigation.
- Put the child's coat peg at the end of the line where it is easiest to access
- Provide equipment to support learning, e.g., bigger puzzles, a range of balls and beanbags, larger mark making tools
- Sit the child where they can best see and hear the adult in whole and small group activities using specialist seating if needed.
- Provide seating to help when changing clothes.
- Have a private changing area near the toilet.
- Have a designated quiet area to have physical rest

Accessing learning

- Break down skills and activities into smaller achievable steps.
- Provide sensory and kinaesthetic experiences indoors and out, for example shaving foam or fine sand to 'draw' in, big painting on vertical surfaces.
- Provide developmentally appropriate toys, experiences and activities that enable the child to learn without feeling over challenged.
- Aim to support the child while encouraging him/her to do everything that they can for themselves.
- Manage the pace of learning to allow additional time for completion of tasks and for fatigue.
- Use individual, pair and small group activities to teach specific skills:

- o understanding language, memory and reasoning, e.g. understanding and answering questions
- early literacy and numeracy skills, e.g. looking at books, counting and recognising numbers
- sequencing and organising, e.g. toilet routines or changing clothes or shoes for physical activities
- o problem solving and developing concepts, e.g. big and little, shapes
- support development of language associated with directional concepts: under, over, through
- fine motor skills e.g. threading beads, play dough, cutting skills, using tools
- gross motor skills e.g. throwing and catching, jumping, climbing, riding a tricycle or balance bike
- o listening and attending, e.g. responding to adult requests, sharing stories within a small group.
- Use visual prompts to support memory and independence: visual timetables, objects of reference, pictorial labels on storage.
- The EY SEND toolkit contains ideas for activities, strategies and resources: https://www.oxfordshire.gov.uk/cms/public-site/early-years-sen-toolkit

Organisations that support children with physical difficulties and useful websites:

- PD net: <u>pdnet a network for those supporting learners with physical disability</u>
- Contact: Contact for families with disabled children | Contact
- CBIT, child brain injury Trust: https://childbraininjurytrust.org.uk/ Home Child Brain Injury Trust
- Scope UK: https://www.scope.org.uk/<u>Home | Disability charity Scope UK</u>
- Ships Project: https://www.shipsproject.org.uk/
- Action Cerebral Palsy: <u>Action Cerebral Palsy (actioncp.org)</u>
- Dyspraxia Foundation: <u>Home (dyspraxiafoundation.org.uk)</u>
- Dyspraxia UK: What is dyspraxia (dyspraxiauk.com)

Additional provision to consider for children with Hearing Loss/Impairment

The physical environment

- Use quiet areas where appropriate.
- Walls, ceilings and floors may need acoustic modifications.
- Access may be needed to appropriate audiological equipment e.g. Sound Field System, a Radio Aid System.
- Support will be needed for management of all audiological equipment including a daily checking routine.

- Ensure good lighting.
- Sit the child where they can best see and hear the adult in whole and small group activities, as advised by the teacher of the deaf.
- Use specialist materials and equipment including ICT to support personalised learning and reinforcement of previous learning.
- Ensure that equipment is used effectively and consistently.
- Use small group activities in a quiet environment to support the child's listening and learning.
- Use individual and small group activities to prepare the child for the learning that will take place in a later whole group activity and to consolidate vocabulary and language development.
- Use some 1:1 activities as advised by the teacher of the deaf.
- Use role models and buddies who have good language and communication skills to provide support to develop interactions.
- Provide opportunities for the child to hear and use language in meaningful situations.
- Ensure that spoken language is reinforced with visual cues and clues, e.g. by using a visual timetable.
- Manage the pace of learning to allow additional time for completion of tasks and time for clear explanation to ensure linguistic understanding.
- Ensure that learning targets and strategies are implemented throughout the child's day.
- Be prepared for fluctuations in hearing levels that will affect access to learning.
- The EYSEN toolkit contains ideas for activities, strategies and resources: https://www.oxfordshire.gov.uk/business/information-providers/childrens-services-providers/sen-support-providers/early-years-sen-toolkit

Additional provision to consider for children with Vision Impairment

The physical environment

- Create a vision friendly environment: leave space between tables, keep the floor clear, keep resources tidy and organised with clear labels, use different textures and colours to aid navigation, or clear symbols such as footprints to mark the way to key areas like the toilets
- Use contrast to make things more visible, e.g. a dark background with white lettering on a notice board.
- Use blinds/curtains to control the amount of light entering the room.
- Ensure that the whiteboard is clean and that you use a contrasting pen and wellspaced, clear writing. The child may need their own copy of information on the board

- Ensure good lighting and be aware of the impact of shadows, glare and reflected light.
- Position the child where they can best see and hear the adult in whole class and group activities, as advised by the specialist support teacher.
- Encourage the child to wear his/her spectacles if prescribed; if possible keep a spare pair handy.
- Use low vision aids and specialist technology if prescribed.

Teaching and learning

- Make sure that clear verbal instructions, descriptions and explanations accompany each learning activity.
- Provide a range of sensory experiences to support learning, eg real objects to illustrate a story rather than pictures.
- Use Big books and books with tactile elements.
- Use objects of reference to support understanding e.g. a cup for drinks time.
- When teaching a physical skill start by using big versions of the task, eg big beads and stiff thread, and work down to smaller ones as the task is mastered.
- Manage the pace of learning to allow additional time for completion of tasks and to minimise visual fatigue.
- Use individual and small group activities to prepare the child for the learning that will take place in a later whole group activity.
- Read out loud any information written on a board.

Additional provision to consider for children with Multi-Sensory Impairment The physical environment

- Use quiet areas where appropriate.
- Walls, ceilings and floors may need acoustic modifications.
- Ensure good lighting; avoid shadows, glare and reflected light.
- Make adaptations to make movement around the room easy and safe, e.g. decluttering, using different textures and colours to aid navigation.
- Support will be needed for management of all audiological equipment including a daily checking routine.
- Sit the child where they can best see and hear the adult in whole class and group activities, as advised by the SENSS Multi-Sensory Impairment Team.

Teaching and learning

- Use a key worker to ensure that equipment is used effectively and learning targets and strategies remain in place during the whole of the child's day.
- Use small group activities in a quiet environment to support the child's listening and learning.
- Use 1:1 activities to support specific targets as advised by the SENSS Multi-Sensory Impairment Team.

- Use individual and small group activities to prepare the child for the learning that will take place in a later whole group activity and to consolidate vocabulary and language development.
- Give clear verbal descriptions and instructions through the child's preferred mode of communication, e.g. objects of reference, pictures, symbols, hand over hand signing.
- Use auditory, visual and kinaesthetic approaches to help the child to access learning.
- Use specialist materials and equipment, including ICT, to support personalised learning.
- Manage the pace of learning to allow additional time for completion of tasks and for regular rest breaks.
- Be prepared for fluctuations in hearing and vision levels that will affect access to learning.

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- Teaching and learning
- Use a key worker to ensure that equipment is used effectively and learning targets and strategies remain in place during the whole of the child's day.
- Use small group activities in a quiet environment to support the child's listening and learning.
- Use some 1:1 activities to support specific targets as advised by the Advisory teacher.
- Use individual and small group activities to prepare the child for the learning that will take place in a later whole group activity and to consolidate vocabulary and language development.
- Give clear verbal descriptions and instructions through the child's preferred mode of communication, e.g. objects of reference, pictures, symbols, hand over hand signing.
- Use auditory, visual and kinaesthetic approaches to help the child to access learning.
- Use specialist materials and equipment, including ICT, to support personalised learning.
- Manage the pace of learning to allow additional time for completion of tasks and for regular rest breaks.
- Be prepared for fluctuations in hearing and vision levels that will affect access to learning.

Review

Involving parents and children in planning and reviewing progress

The effectiveness of the support and its impact on the child's progress should be monitored continuously and formally reviewed at regular intervals. The impact and quality of the support should be evaluated by the practitioner and the SENCO working with the child's parents and taking into account the child's views. They should agree any changes to the outcomes and support for the child in light of the child's progress and development. Parents should have clear information about the impact of the support provided and be involved in planning next steps.

At each stage parents should be engaged with the setting, contributing their insights to assessment and planning. Intended outcomes should be shared with parents and reviewed with them, along with action taken by the setting, at agreed times.

Review of Early Years SEN outcome plans/Pupil profiles

- Progress towards meeting planned outcomes should be tracked and reviewed regularly, at least three times a year.
- Parents/Carers should always be invited to a review of the child's progress. The views or 'voice of the child' should be actively sought.
- Recent assessment information should be used to gain a better understanding of individual children's learning levels and to identify the barriers to their learning in the provision.
- Outcomes should be regularly assessed, tracked, monitored, and evaluated.

<u>Guidance and procedures to support providers | Oxfordshire County Council</u> examples and templates are given to help gather and record information and work with parents to plan outcomes and review progress for early years children with SEND.

Where a child continues to make less than expected progress, despite evidence-based support and interventions that are matched to the child's area of need, practitioners should consider involving appropriate specialists, for example, health visitors, speech and language therapists, or specialist advisory teachers and support workers, who will be able to help identify effective strategies, equipment, programmes or other interventions to enable the child to make progress towards the desired learning and development outcomes. The decision to involve specialists should be taken with the child's parents.

Referrals to Early Years SEN Team, Integrated Therapy Team (Physiotherapy, Occupational Therapy, Speech and Language Therapy) and Physical Difficulties SENSS Physical Disability Team should be via the Single Point of Request for Involvement (SPORFI) with parental consent. Early support for children with complex health needs or disabilities | Oxfordshire County Council

Sources of Further Support

Local authorities must publish a Local Offer, setting out in one place information about provision they expect to be available across education, health and social care for children and young people in their area who have SEN or are disabled, including those who do not have Education, Health and Care (EHC) plans. (SEND Code of Practice2015 p 59 4.1) Oxfordshire Local Offer

Included in Oxfordshire's local offer are the following services and organisations that can support young children with SEND:

Children Centres Children and family centres | Oxfordshire County Council

Childrens Integrated Therapies (Speech and Language/Occupational Therapy/Physiotherapy) Children's Integrated Therapies – Oxfordshire - Oxford Health NHS Foundation Trust

Community Paediatrician Community Paediatrics referrals - Oxford University Hospitals (ouh.nhs.uk)

Down syndrome Oxford (parent group) Home (dsoxford.org.uk)

EY SEN TEAM <u>Family Information Service | Early Years SEN Team</u> (oxfordshire.gov.uk)

Health Visiting team <u>Health Visiting - Oxford Health NHS Foundation TrustHealth</u> Visiting Service

Oxfordshire Deaf Children's society <u>Oxfordshire Deaf Children's Society | Incorporating Friends of the Young Deaf (oxfordshire-deaf-childrens-society.org.uk)</u>

Oxford Down Syndrome Service works with families of children with Down Syndrome of all ages. The service is based at the John Radcliffe Hospital in Headington. https://www.dsoxford.org.uk/resources/oxfordshire-down-s-syndrome-service
The service can be contacted via Rowena Roberton, Advanced Nurse Practitioner on 01865 231996/ 07920814131 or by email rowena.roberton@ouh.nhs.uk

School Health Nurse <u>School & college health nurses - Oxford Health NHS Foundation</u>
<u>Trust</u>

SENDCO helpdesk Request support from the SENDCO helpdesk - Oxfordshire County Council

SENDIASS <u>SENDIASS Oxfordshire | Information, advice & support in Oxfordshire</u> (sendiass-oxfordshire.org.uk)

SENSS Assistive Technology team (from reception class) <u>Family Information</u> <u>Service | SENSS Assistive Technology (AT) Team (oxfordshire.gov.uk)</u> SENSS Communication and Interaction team (from reception class) <u>Family Information</u> Service | SENSS Communication and Interaction Support Service (oxfordshire.gov.uk)

SENSS Deaf and Hearing Support team <u>Family Information Service | SENSS Deaf & Hearing Support Team (oxfordshire.gov.uk)</u>

SENSS Down Syndrome and Complex Needs team (from reception class) <u>Family Information Service | SENSS Down Syndrome and Complex Needs Team</u> (oxfordshire.gov.uk)

SENSS Multi-sensory Impairment team <u>Family Information Service | SENSS Multi-Sensory Impairment Team (oxfordshire.gov.uk)</u>

SENSS Physical Disability Team <u>Family Information Service | SENSS Physical</u> Disabilities Team (oxfordshire.gov.uk)

SENSS Vision Impairment team <u>Family Information Service | SENSS Vision Impairment Team (oxfordshire.gov.uk)</u>

Social Community services Hearing Impairment team
Social Community services Vision impairment team <u>Family Information</u>
<u>Service | Sensory Impairment Teams - Social & Community Services</u>
(oxfordshire.gov.uk)

The ATTACH team offer support to children who are living away from their birth parents, including those living in foster care, kinship care, or in adoptive families

The ATTACH team | Oxfordshire County Council

Virtual School <u>Virtual School for Looked After Children and Care Leavers, 0-25 | Oxfordshire County Council</u>

Useful Websites and Resources

AFASIC https://www.afasic.org.uk/

Autism Education Trust https://www.autismeducationtrust.org.uk/ and Autism Education Trust Early Years Programme https://www.autismeducationtrust.org.uk/training-programme/early-years/

Council for Disabled Children Early Support information resources, provides useful and detailed information

<u>Microsoft Word - Early Support Multi-sensory impairments FINAL.doc</u> (councilfordisabledchildren.org.uk)

EY SEN Toolkit Early Years SEN toolkit | Oxfordshire County Council

Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website. (Information about out of school activities including child/young person care and short breaks)

https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/home.page

Inclusion Support Scheme or the **Enabler Support Scheme**.

https://www.oxfordshire.gov.uk/residents/children-education-and-families/information-parents/breaks-disabled-children (Further information and access criteria are available on the Local Offer).

Leicestershire County Council (website has links to Every Child a Talker resources) https://resources.leicestershire.gov.uk/education-and-children/early-years/childcare-practice/teaching-learning-and-assessment/every-child-a-talker-ecat/strategies-and-resources

Oxfordshire Cerebral Palsy Pathway

https://www.oxfordhealth.nhs.uk/wp-content/uploads/2018/07/CP_A_Joint_Pathway_PT_OT_SaLT_2017.09.15.pdf

The Oxfordshire Children's Occupational Health website has useful strategies Occupational therapy - Children's Integrated TherapiesChildren's Integrated Therapies (oxfordhealth.nhs.uk)

Oxfordshire Deaf Children's Society (ODCS), (The local branch supports children and families more directly)

www.oxfordshire-deaf-childrens-society.org.uk

The **RNIB** has a comprehensive website with useful information for parents and teachers www.rnib.org

Speech and Language UK About us (speechandlanguage.org.uk)

My Vision, Oxfordshire - Oxfordshire's local charity supporting people with vision impairment including activities for children and young people MyVision Oxfordshire - Supporting Visually Impaired People - MyVision Oxfordshire

The National Autistic Society https://www.autism.org.uk/

The National Deaf Children's Society (NDCS) https://www.ndcs.org.uk/

Further Information and Training for Early Years Practitioners

All types of SEN

Check Oxfordshire's Education Services for a range of courses in the identification and support of children with SEND in the early years e.g. 'Early Years SENCO training', 'Nuts and Bolts of claiming EY SEND funding':

Oxfordshire | Education Services

The Oxfordshire EYSEN toolkit contains ideas for activities, strategies and resources for supporting all types of SEN needs:

https://www.oxfordshire.gov.uk/business/information-providers/childrens-services-providers/sen-support-providers/early-years-sen-toolkit

Communication and Interaction

Autism Training

Oxfordshire has an Autism Education Trust license to deliver AET (Autism Education Trust) early years and school age Autism training. See Education Services https://www.autismeducationtrust.org.uk/training-programme/early-years/

The Inclusion Development Programme

These resource are from the original suite of IDP resources published by the DfE in 2008. They contain a wealth of information about supporting children with Speech, Language and Communication Needs and Autism for practitioners in the Early Years Foundation Stage

IDP- Supporting children with Speech, Language and Communication Needs: Early Years | Nasen

IDP - Supporting children on the autism spectrum: Early Years | Nasen

Speech and Language UK https://speechandlanguage.org.uk/
The Communication Trust https://www.thecommunicationtrust.org.uk/early-years
The National Autistic Society https://www.autism.org.uk/

WellComm

Why focus on communication and language in Oxfordshire?

All early years settings and nursery classes have been provided with a WellComm pack to support identification and support for children with delayed language skills. Training on WellComm is available via 'Education Services'.

Social, Emotional and Mental Health

Oxfordshire Early Years PSED training available on Education Services ACEs (acesonlinelearning.com)

Early Years toolkit - Promoting wellbeing | Oxfordshire County Council

<u>Early Years Practictioner Guidance | Babies, Young Children Mental Health & Wellbeing | Early Years In Mind | Anna Freud Centre</u>

The Inclusion Development Programme - useful support and resources:

IDP - Supporting children with Social Emotional and Mental Health Needs: Early Years |
Nasen

YoungMinds | Mental Health Charity For Children And Young People | YoungMinds

Realistic Positivity: understanding the additional needs of children placed for adoption, and supporting families when needs are unexpected —National Children's Bureau (NCB) and Council for Disabled Children (CDC) July 2018. https://www.ncb.org.uk/resources-publications/resources/realistic-positivity

Physical Difficulties

Oxfordshire Children's Occupational Therapy Service https://www.oxfordhealth.nhs.uk/cit/resources/ot-journey/

The Oxfordshire EYSEN toolkit contains ideas for activities, strategies and resources for supporting children with physical development delay:

https://www.oxfordshire.gov.uk/business/information-providers/childrens-services-providers/sen-support-providers/early-years-sen-toolkit

PD Net: support for inclusion of a child with physical disability, training resources and sharing of good practise including an active forum for questions: <u>pdnet – a network for those supporting learners with physical disability</u>

The Dyspraxia Foundation https://dyspraxiafoundation.org.uk/about-dyspraxia/dyspraxia-glance/

Hearing Loss

The Oxfordshire EYSEN toolkit contains ideas for activities, strategies and resources for supporting children with HI:

https://www.oxfordshire.gov.uk/business/information-providers/childrens-services-providers/sen-support-providers/early-years-sen-toolkit

Sensory Impairment Team for families with children who have hearing loss/deafness https://www.oxfordshire.gov.uk/residents/social-and-health-care/adult-social-care/living-home/equipment-aids-and-adaptations/sensory-impairment

Vision Impairment

The Oxfordshire EYSEN toolkit contains ideas for activities, strategies and resources for supporting children with VI:

https://www.oxfordshire.gov.uk/business/information-providers/childrens-services-providers/sen-support-providers/early-years-sen-toolkit

Sensory Impairment Team (part of social care) for families with children who are vision impaired https://www.oxfordshire.gov.uk/residents/social-and-health-care/adult-social-care/living-home/equipment-aids-and-adaptations/sensory-impairment

Multi-Sensory Impairment

There are a number of organisations that produce information and guidance including:

- National Deaf Children's Society (NDCS) https://www.ndcs.org.uk/
- SENSE, a national charity supporting deafblind people https://www.sense.org.uk/
- CHARGE family support group <u>www.chargesyndrome.org.uk</u>

'Making Sense Together: practical approaches to supporting children who have multisensory impairments' by Rosalind Wyman is a useful resource.

Sensory Impairment Team (part of social care) for families with children under 5 who have MSI and have a combination of vision and hearing loss.

https://www.oxfordshire.gov.uk/residents/social-and-health-care/adult-social-care/living-home/equipment-aids-and-adaptations/sensory-impairment

Early Support information resources, available from the Council for Disabled Children website, provide useful and detailed information for staff and parents.

https://councilfordisabledchildren.org.uk/sites/default/files/field/attachemnt/merged-children-and-young-people-with-multiple-needs.pdf

<u>Microsoft Word - Early Support Multi-sensory impairments FINAL.doc</u> (councilfordisabledchildren.org.uk)

Information and Support for Families

Advice, support and information for parents and carers are available from a range services and organisations. See Oxfordshire's Local Offer website

(https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer).

Information about out of school activities including child/young person care and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website.

https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/home.page

Children and Family Centres offer a range of support to vulnerable children and families.

https://www.oxfordshire.gov.uk/residents/children-education-and-families/information-parents/children-and-family-centres

Contact provide information and support for families with disabled children https://contact.org.uk/about-us/

Early Help Guide for Families

22-0049-A4-Leaflet_Early-help-guide-for-families.pdf (oscb.org.uk)

Independent Provider of Special Education Advice (IPSEA) is a registered charity operating in England, offering free and independent legally based information, advice and support to parents/carers of help children and young people with special educational needs and disabilities (SEND). https://www.ipsea.org.uk/

Oxfordshire's SEN Support Services (SENSS) will signpost and advise families re. many types of SEN and Disability email SENSS@oxfordshire.gov.uk telephone 01865 323070

Special Educational Needs and Disability Information Advice and Support Service (SENDIASS) Oxfordshire offers advice and support to parents, and can help parents, carers and professionals to work together to support the inclusion and achievement of children and young people with SEN.

https://www.oxfordshire.gov.uk/residents/children-education-and-families/education-and-learning/special-educational-needs-and-disability-local-offer/information-advice-and-support-parents-and-children-about-sen/sendiass-oxfordshire

Glossary

The Local Offer has contact details for many of the services and organisations mentioned in this document and in the glossary below. Access at: https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer

Acronym, word or phrase	Definition or information
ADD and ADHD	Attention Deficit (Hyperactivity) Disorder A diagnosis based upon difficulties with attention and impulsiveness.
ASD	 Autistic Spectrum Difference Learners with ASD find it difficult to: understand and use non-verbal and verbal communication understand social behaviour, which affects their ability to interact with children and adults think and behave flexibly, which may be shown in restricted, obsessional or repetitive activities moderate their responses to sensory inputs such as noise, visual distractions or tactile experiences.
Assessment	An ongoing process of finding out a learner's progress, achievements, strengths and needs.
APD	Auditory Processing Disorder A difficulty in the processing of auditory information that may be associated with difficulties in listening, speech understanding, language development and learning.
(P) CAMHS	(Primary) Child and Adolescent Mental Health Service.
CWCF	Children We Care For
CoP or SENDCoP	Code of Practice for SEN and Disability
C&I	Communication and Interaction This includes speech language and communication difficulties and Autism Spectrum Conditions.
C&L	Cognition and Learning This describes a wide range of difficulties with thinking and learning. It includes moderate, severe, and profound and multiple difficulties as well as specific difficulties with one of more particular aspects of learning (SpLD).
DCD	Developmental Coordination Disorder is a condition that affects movement and coordination. It can also have a big impact on learning. It is sometimes referred to as dyspraxia – see below.
DHS	SENSS Deaf and Hearing Support Team (DHS) Supports children with all levels and types of hearing loss/deafness
Differentiation	The way in which teaching and learning opportunities are adapted to meet a range of needs.
Dyscalculia	Learners with dyscalculia have difficulty in acquiring mathematical skills. Learners may have difficulty understanding

	simple number concepts, lack an intuitive grasp of numbers and have problems learning number facts and procedures.
Dyslexia	Learners with dyslexia have a marked and persistent difficulty in learning to read, write and spell, despite progress in other areas. Learners may have poor reading comprehension,
	handwriting and punctuation. They may also have difficulties in
	concentration and organisation, and in remembering
	sequences of words. They may mis-pronounce common words
Duran navia /DOD	or reverse letters and sounds in words.
Dyspraxia/DCD	Pupils with dyspraxia are affected by an impairment or immaturity of the organisation of movement, often appearing clumsy. Gross and fine motor skills are hard to learn and
	difficult to retain and generalise. Pupils may have poor balance
	and coordination and may be hesitant in many actions
	(running, skipping, hopping, holding a pencil, doing jigsaws, etc). Their articulation may also be immature and their
	language late to develop. They may lack awareness of body position and have poor social skills.
EAL	English as an Additional Language.
Early Help	Working with a child and their family to address their needs
=====	early can reduce risk factors (the worries) and increase
	protective factors (what is working well). We want families to
	know that it is always OK to ask for help. To support families
	and partner agencies with Early Help, Oxfordshire has an Early
	Help Strategy (updated in June 2022) which all partner
FUCD	agencies are signed up to.
EHCP	Education Health and Care Plan. Educational Psychologist/y (Service)
EP(S)	Educational Psychologisty (Service) Educational Psychologists are trained in psychology, learning
	and child development. They give specialist support and advice
	to settings, schools, parents and learners.
EYFS	Early Years Foundation Stage
	The EYFS provides the statutory framework for learning in the foundation years.
EY SEN team	Early Years Special Educational Needs team includes
	Early Years SEN Inclusion Teachers EY SEN teachers who
	work with individual children and their families and support inclusive practice in foundation years settings, and Early
	Support Workers who work with young children with SEN and
	their families.
FSS	Family Solutions Service
HLD	Hearing Loss/Deafness
	Learners with hearing loss/deafness includes all levels and
	types of deafness from mild to profound, temporary or
	permanent.
GRT	Gypsy Roma Traveller
IPS	Independent Parental Supporter
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	IPS are trained volunteers who give practical support to
	parents of children with special educational needs.
LCSS	Locality Community Support Service
Local Offer	The Local Offer brings together in one place information advice and support for parents and young people about SEN and disability. It is also useful for professionals. Oxfordshire's Local Offer can be accessed at: https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer
MSI	Multi-Sensory Impairment Learners with MSI usually have a combination of vision and hearing difficulties. They are sometimes referred to as deafblind but may have some residual sight and/or hearing. Many also have additional disabilities but their complex needs mean it may be difficult to ascertain their intellectual abilities. Learners with MSI have much greater difficulty accessing the curriculum and the environment than those with a single sensory impairment. They have difficulties in perception, communication and in the acquisition of information. Incidental learning is limited. The combination can result in high anxiety and multi-sensory deprivation.
National Curriculum	The National Curriculum sets out the statutory entitlement to learning for all children of school age.
Occupational Therapist (OT)	Occupational Therapists are trained to advise on aids and adaptations that will help with daily living and curriculum access.
OXSIT	Oxfordshire School Inclusion Team.
Paediatrician	A doctor with specialist expertise in babies and children. Community paediatricians are often involved with the early identification of additional needs.
Paediatric Audiology	The health team that assess children's hearing.
Parent	A parent is any person with parental responsibility for a child or who cares for him/her as set out in Section 576 of the Education Act 1996.
PD	Physical Difficulties or Physical Disability There is a wide range of physical disabilities Some learners are able to access the curriculum and learn effectively without additional educational provision. They have a disability but do not have an SEN. For others, the impact on their education may be severe. In the same way, a medical diagnosis does not necessarily mean a pupil has an SEN. It depends on the impact the condition has on their educational needs. There are a number of medical conditions associated with physical disability that can impact mobility. These include cerebral palsy, heart disease, spina bifida and hydrocephalus, and muscular dystrophy. Learners with physical disabilities may also have sensory impairments, neurological problems or learning difficulties.

	Some learners are mobile but have significant fine motor difficulties that require support. Others may need augmentative or alternative communication aids.
Physiotherapist (PT)	Physiotherapists are trained to help with physical disabilities. They advise on and support special exercise programmes and provide specialist equipment.
P&S	Physical and Sensory Difficulties
SEMH	Social Emotional and Mental Health
SEND	Special Educational Need and Disability
SENCo	Special Educational Needs Co-Ordinator The member of staff of a setting or school who has responsibility for coordinating SEN provision within that setting school. In a small school the headteacher or deputy may take on this role. In larger schools there may be an SEN coordinating team.
SENDIASS	Special Educational Needs and Disability Information Advice and Support Service (formerly Parent Partnership) SENDIASS provides impartial advice and information to parents whose children have special educational needs. They offer support on all aspects of SEN to help parents play an informed and active role in their child's learning.
SENSS	Special Educational Needs Support Services (SENSS) includes specialist teams for C&I, DHS, VI, PD, MSI, Down Syndrome and Complex Needs (DSCN), and AT (Assistive Technology) email SENSS@oxfordshire.gov.uk telephone 01865 323070
SEMH	Social Emotional and Mental Health
SLT	Speech and Language Therapist A SLT is trained to assess and treat speech, language, voice and fluency difficulties and disorders. SLTs give advice to settings and schools and work with children and parents.
SpLD	Specific Learning Difficulty Dyscalculia, Dyslexia and Dyspraxia are all Specific Learning Difficulties
Specialist or	A teacher with specialist expertise who works across the
Advisory Teacher	county giving support ant advice to settings and schools.
Strengths and	When a child or family is identified as benefiting from early
Needs Form	help, a whole family, multi-agency Strengths & Needs form should be completed by any professional who knows/has a relationship with the family or is part of a network that supports the child/family Strengths & Needs Form
TA	Teaching Assistant
TAF	Team Around the Family
VI	Vision Impairment Learners have a vision impairment if their sight is not fully correctable by wearing glasses or contact lenses.